

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1	1				53						
4	1						54						
5	1						55						
6		1	1				56						
7		1		1			57						
8		1		1			58						
9	1		1				59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1	1				69						
20		1		1			70						
21	1						71						
22		1					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		1		3			78						
29		1		3			79						
30		1		3			80						
31		2		7			81						
32	1						82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41		1					91						
42		2					92						
43		1					93						
44		1					94						
45		1					95						
46	1						96						
47		2					97						
48				3		3	98						
49							99						
50							100						
TOTAL IND.	8		4				TOTAL IND.						
TOTAL DEP.	47		24				TOTAL DEP.						
TOTAL CLAIMS	55		28				TOTAL CLAIMS						